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PTO/SB/21 (08-00)

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<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)	<b>Application Number</b>	09/766,633	
	<b>Filing Date</b>	January 23, 2001	
	<b>First Named Inventor</b>	Kathryn Turner	
	<b>Group Art Unit</b>	2161	
	<b>Examiner Name</b>	TBA	
<b>Total Number of Pages in This Submission</b>	3	<b>Attorney Docket Number</b>	19440.0002

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Statement Claiming Small Entity Status <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <b>Request for Corrected Filing Receipt and marked-up copy of Filing Receipt of 2/28/01.</b>
<b>Remarks</b>		<b>RECEIVED</b> <b>JUL 06 2001</b> <b>Technology Center 2100</b>

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
<b>Firm or Individual name</b>	Edward J. Naidich, Registration No. 43,826 Swidler Berlin Shereff Friedman, LLP
<b>Signature</b>	<i>Edward Naidich</i>
<b>Date</b>	March 12, 2001

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

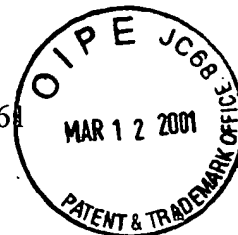
Kathryn Turner et al.

Application No. 09/766,633

Filed: January 23, 2001

Group Art Unit: 2161

Examiner: TBA



Titled: SYSTEM AND METHOD FOR FACILITATING THE COORDINATION OF CARE  
OF AN INDIVIDUAL AND DISSEMINATION OF INFORMATION

**REQUEST FOR CORRECTED OFFICIAL FILING RECEIPT**

Commissioner for Patents  
Washington, D.C. 20231

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Sir:

Applicant requests that a Corrected Filing Receipt be issued due to an error on the Filing Receipt mailed February 28, 2001. A copy marked in red ink showing the required correction is attached.

The Commissioner is hereby authorized to charge any insufficient fees or credit any overpayment to Deposit Account No. 19-5127 referencing Order No. 19440.0002 for entry of this paper.

Respectfully submitted,

Swidler Berlin Shereff Friedman, LLP

A handwritten signature in black ink, appearing to read "Edward Naidich".

By: Edward J. Naidich  
Registration No. 43,826

Dated: March 12, 2001

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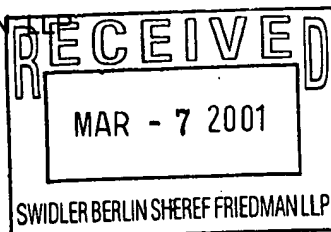
APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTY. DOCKET NO	DRAWINGS	TOT CLAIMS	IND CLAIMS
09/766,633	01/23/2001	2161	960	19440.0002	11	25	5

CONFIRMATION NO. 8373

23517

SWIDLER BERLIN SHEREFF FRIEDMAN LLP  
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## FILING RECEIPT



\*OC000000005809209\*

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Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the PTO processes the reply to the Notice, the PTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

## Applicant(s)

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## Continuing Data as Claimed by Applicant

## Foreign Applications

If Required, Foreign Filing License Granted 02/26/2001

Projected Publication Date: 07/25/2002

Non-Publication Request: No

Early Publication Request: No

## Title

coordination of  
System and method for facilitating the care of an individual and dissemination of information

Preliminary Class

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Bib Data Sheet

CONFIRMATION NO. 8373

<b>SERIAL NUMBER</b> 09/766,633	<b>FILING DATE</b> 01/23/2001 <b>RULE</b>	<b>CLASS</b>	<b>GROUP ART UNIT</b> 2166	<b>ATTORNEY DOCKET NO.</b> 19440.0002
<b>APPLICANTS</b> Kathryn C. Turner, Bethesda, MD; Veronica Oberdorf, Olney, MD; Gopal V. Raja, Reston, VA; Gail M. Maestas, Herndon, VA;				
** CONTINUING DATA *****				
** FOREIGN APPLICATIONS *****				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> ** 02/26/2001				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____		<b>STATE OR COUNTRY</b> MD	<b>SHEETS DRAWING</b> 11	<b>TOTAL CLAIMS</b> 25  <b>INDEPENDENT CLAIMS</b> 5
<b>ADDRESS</b> 23517				
<b>TITLE</b> System and method for facilitating the coordination of care of an individual and dissemination of information				
<b>FILING FEE RECEIVED</b> 960	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	